

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 01/17/00

LSUPP

1060168

1. NAME Ther Chandler W.
Last First MI2. BUSINESS PHONE 225 924 04833. BUSINESS ADDRESS 744 Poinsett Avenue Baton Rouge, LA 70805
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER Wine Institute (L. Hudson Limbark, Southeastern
Cupcake)5. EMPLOYER'S ADDRESS 111 Plank Ridge Road Columbia SC 29223
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Beverly Evelyn Langley J. LeeAddress 575 N 8th St Baton Rouge, LA 70802

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of JAN 15, 2000

SUPPLEMENTAL REGISTRATION FORM

2. Name Wine Institute
Address 111 Claxton Ridge Road, Columbia SC 29225
Business or purpose California wine
☒ New Representation
Does this person pay you? no
If No, who pays you? Wine Institute
☐ Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Kim A. Tozzi
Signature of Lobbyist